STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Tel: (207)287-4179 FAX: 287-6775

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

MAILING ADDRESS: 150 204 Terville Rd	Please check the appropriate box and fill in the District number.
CITY: Stowheg AN, Me	Member of the Senate, District
PHONE NUMBER: 207-474-7357	Member of the House, District \$5

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4,
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A	COPY	OF '	THIS	STATEMENT	FOR	YOUR	FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	me of Employer		<u>Address</u>	A atir.	l Type of Economic ity of Employer	
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PART I 4. E _d	I. INCOME DERIV	ED FROM SE	LF-EMPLOYMENT. (Fo	r Legislators who are	self-employed.)	<u>.</u>
inc	come. If associated with the committee of the committee activity of that	ith a partnership entity.	ness, it any, and list the major, firm, professional association	or areas of economic a ion, or similar busines	activity from which you s entity, list the major	ou derive areas of
<u>of </u>	me and Address Business Entity		s of Economic Activity (self)	Major Ares (partnership,	as of Economic Active association or similar busine	ity es entity)
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deri	ved such income. If the	his form of dies	m self-employment that repro the principal type of econon losure is prohibited by law, r	me activity of the enti-	ty or person from who	or om you ethics.
deri spec	ved such income. If the	his form of dies	m self-employment that repro the principal type of econon losure is prohibited by law, r ic activity of the entity or pe <u>Address</u>	rule, or an established rson from whom the i Principal Ty of Entity	ty or person from who code of professional on come was derived. <u>De of Economic Actives or Person</u> Who Is the	om you ethics,
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Man Name	MAJOR AREAS Of associated with a law	his form of discitype of economic type of economic fields and the seconomic fields are seconomic fields. FRACTICE, firm, list the many seconomic fields are seconomic fields are seconomic fields.	losure is prohibited by law, ric activity of the entity or pe Address Address (For Legislators who are a ajor areas of practice of your Major Areas of Practice (self)	attorneys-at-law only, r firm. Majo	ty or person from who code of professional of neome was derived. The of Economic Activity or Person Who Is the surce of Income I List your major area or Areas of Practice (firm)	om you ethics, vity
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	$\underline{\mathbf{Ad}}$ dress	
1. Sania C	<u>Address</u>	Kind of Income
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2 - state of Maine		anti-
3. State of Maine		1 1
T		_ widows leneft
PART V. DISCLOSURE OF RE \$3,000 or more that you received during the list loans from a relative. If none,	PORTABLE LIABILITIES. List the nagor so state.	names of creditors for any unsecured loans areas of economic activity of each creditor.
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
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ART VI. DISCLOSURE OF CITE	TC N. d	ift of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GIF gregate value of more than \$300 from	TS. Name the specific source of each gard a single source. If none, so state. 3.	
ART VI. DISCLOSURE OF GIF gregate value of more than \$300 from	TS. Name the specific source of each go a single source. If none, so state. 3. 4.	
ART VI. DISCLOSURE OF GIF gregate value of more than \$300 from ART VII. DISCLOSURE OF HOrated to your official duties. If none, so	TS. Name the specific source of each go a single source. If none, so state. 3. 4. NORARIA. List the source of any hone o state.	
ART VI. DISCLOSURE OF GIF gregate value of more than \$300 from ART VII. DISCLOSURE OF HOlated to your official duties. If none, so	TS. Name the specific source of each go a single source. If none, so state. 3. 4. NORARIA. List the source of any hone o state. 3.	
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ART VI. DISCLOSURE OF GIF ggregate value of more than \$300 from ART VII. DISCLOSURE OF HOM lated to your official duties. If none, so RT VIII. REPRESENTATION BIT represented or assisted others for comparison.	TS. Name the specific source of each go a single source. If none, so state. 3. 4. NORARIA. List the source of any hone o state. 3. 4. EFORE STATE AGENCIES. Identify appensation of any amount. If none, so state	oraria accepted for appearances or speeches
PART VI. DISCLOSURE OF GIF ggregate value of more than \$300 from ART VII. DISCLOSURE OF HOLD lated to your official duties. If none, so are viewed at the control of the co	TS. Name the specific source of each go a single source. If none, so state. 3. 4. NORARIA. List the source of any hone o state. 3. 4. EFORE STATE AGENCIES. Identify appensation of any amount. If none, so state	oraria accepted for appearances or speeche.
PART VI. DISCLOSURE OF GIF ggregate value of more than \$300 from a series of the serie	TS. Name the specific source of each go a single source. If none, so state. 3. 4. NORARIA. List the source of any hone o state. 3. 4. 4.	each executive branch agency before which

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ART X. INCOME RECEI	VED BY MEMBERS	OF IMMEDIATE F	AMILV.		
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Type of Economic Activit Representing Each Source	v ·				
Income Received			Kind of	Income	
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ears that a Legislator he	S willfully filed a fe	be a Class E crime	If the Comn	nission conclude	s that it
rney General. If the Co ment or has willfully fil est on every question as	emmission determined a false statemen ad shall be preclude	nes that a Legislato t, the Legislator sh ed from voting on a	r has willfully all be presume any question in	ndings of fact to failed to file a r ed to have a con	the equired flict of